Vendor Question	State Response
State clarifications for RFP Sections 3.2.7 and 3.3.2. Attachment B	The State desires to clarify that all references to "EPLS" within the RFP and Attachments should be replaced with "System for Award Management (SAM)." The federal source of information has changed.
RFP Section 3.2: There are other data from the applications that can be validated (DEA Number, Bankruptcies, etc.). Does DSS want additional verifications done? If our solution adds no costs for these additional verifications, would DSS be interested in additional verifications?	Additional verifications available for State consideration should be listed in the vendor's response. As noted in Section 7.0, solutions that exceed the RFP requirements must be noted separately on the cost proposal. If the cost would not increase from the mandatory items the line item costs should be noted as $0.
RFP Section 3.2: Would DSS like to have the solution verify whether any other State agency has sanctioned the provider? If our solution adds no costs for these additional verifications, would DSS be interested in additional verifications?	The State will accept vendor proposals in regard to sanction activity among other State agencies. As noted in Section 7.0, solutions that exceed the RFP requirements must be noted separately on the cost proposal. If the cost would not increase from the mandatory items the line item costs should be noted as $0. The licensure status for any SD issued licenses (through the SD Department of Health or any SD licensing board) that is verified pursuant to Section 3.2.4 will be reflective of any SD sanctions regarding the provision of health care services that DSS would consider in the enrollment process.

RFP Section 3.2: What specific provider information will be shared with the successful vendor?	The State will discuss the desired provider data elements with the successful vendor. The data will be dependent on the varying information available for each provider. If specific data elements are required for a vendor's solution to meet the State requirements, please note the mandatory elements in the vendor response. Data elements to be shared could include information such as provider legal name, FEIN, provider DBA, date of birth, SSN, NPI, taxonomy, servicing location addresses, license #, owner name, owner FEIN/SSN, managing employee name, managing employee SSN, etc.
RFP Section 3.2: Will DSS consider providing the provider application with the successful vendor creating the context for the application?	The State currently requires that new applications as well as updates to approved providers be completed online. As noted in Section 3.2, the State anticipates providing an export of data to the successful vendor.
RFP Section 3.2: Does DSS currently collect provider information as it pertains to businesses with persons having 5% or more controlling interest in the business? If so will that information be shared with the successful vendor?	The State collects ownership information and managing employee details which will be shared with the successful vendor.
RFP Section 3.2: If the response requires development because of the returned system information, who is responsible for its development and resolution?	Based on clarification from the vendor, this question is intended to address the situation of application information (ex: address) not matching information identified by the vendor and whose responsibility is it to resolve the discrepancy. As noted in Section 3.2, the vendor response should indicate if logic or rules are utilized in validation of source reliability or situations of conflicting data. If yes, the details of such logic or rules must be provided.

RFP Section 3.2: PECOS inquiries are improved by collecting the Provider Transaction Access Number (PTAN) from Medicare enrolled providers. Will DDS be collecting the PTAN number? (PTAN Narrative) – Relationship of the NPI to the PTAN The NPI and the PTAN are related to each other for Medicare purposes. A provider must have one NPI and will have one, or more, PTAN(s) related to it in the Medicare system, representing the provider's enrollment. If the provider has relationships with one or more medical groups or practices or with multiple Medicare contractors, separate PTANS are generally assigned. Together, the NPI and PTAN identify the provider, or supplier in the Medicare program. CMS maintains both the NPI and PTAN in the Provider Enrollment Chain & Ownership System (PECOS), the master provider and supplier enrollment system.	The provider enrollment data provides the ability for the provider to capture Medicare identifiers but it is not a required field.
RFP Section 3.2.1: What are your expectations regarding the process for identity verification? Would this include a site visit? Would this include fingerprint bases background checks for owners of high risk businesses?	Identity verification is noted as an optional screening item. Activities such as site visits or fingerprinting for background checks are not mandatory for this RFP. Vendors are free to propose any activities or data validation that they can provide which they feel would support this item.
RFP Section 3.3: Will DSS require the successful vendor to screen monthly the Social Security Administration Death Master File to verify social security numbers and dates of death? Explanation: Current CMS 6028 standards mandate Medicaid state agencies to screen the provider's death records on a monthly basis.	The State expects all federally mandated activities to be met such as checks of LEIE and EPLS (now SAMS) on at least a monthly basis according to 42 CFR 455.436. The State would desire vendors to propose and note checks that will be conducted in their response to Section 3.3 and their frequency.
Does physical location check mean address verification with data or a site visit?	The term "physical location" is not present in the RFP. The reference to "servicing location address" in Section 3.2.3 is optional and vendors can respond as they deem appropriate based on their proposed solution.

Will DSS take in the 200 applications per month and then send the application data to the vendor for verification? Would DSS be interested in a solution where the vendor offered a provider portal for electronic submission of applications?	The State expects to send a data export as noted in Section 3.2 to the vendor at a regular frequency to include new application data. The State currently requires that new applications as well as updates to approved providers be completed online.
To the extent our services result not in only the requirements requested in your RFP, but compliance with the ACA 6028 compliance, should we provide a description of these services and associated fees?	The vendor's response must include all services proposed and the associated fees.
Attachment B: Please provide a definition of a "transaction" for each provider (e.g., if the selected vendor needs to use multiple databases to complete the verification, is each "hit" considered a transaction?).	The RFP does not utilize the term "transaction" as it relates to Section 3 - Scope of Work. The RFP and Attachment B - Cost Proposal are based on "screening." There should be a cost noted for each item as it relates to the Scope of Work.
Attachment B: If the total cost to gather the data and verify the data (NPPES, LEIE, etc.) for a provider or owner is fixed, should the cost be put only into the Mandatory Subtotal as an all inclusive price?	If the vendor's proposal in an inclusive cost for the mandatory services it would be appropriate to note a price in the Mandatory Subtotal and not have line item prices for each mandatory item.
Does DSS monitor **_non-active_** , suspended, or debarred providers and update LEIE database. Would this be of interest for a vendor to complete?	The State may make updates to non-active records based on provider changes. Vendors may address such updates in their proposal.
Is DSS interested in services to include background checks, fingerprint/biometric services as well as site visits for High-Risk-Level 3 Providers as part of this bid?	The RFP did not require services for background checks, fingerprinting/biometric services, or site visits. Vendors are able to include their ability to provide these services or any other optional services, however the costs associated with any optional services must be specifically identified separately as noted in Section 7.0.
Is the subscription to the Social Security Death File to be included in the bid?	The State does not plan to provide the Social Security Death File to the successful vendor.
Does the web based tool run on state servers or our own servers?	The vendor's response must address their desire for maintenance on State servers or their own. The security provisions found in Attachment A may be modified based upon the proposed solution.

How soon after award is the web based tool supposed to be online?	The State desires to be compliant with the federal requirements by 4/1/13. Vendors should note their required timeframes to meet requirements in sections 3.2, 3.3, and 3.4.
What security requirements is expected to protect the data?	The State expects all state and federal requirements to be met. The security and IT provisions found in Attachment A may be modified based upon the proposed solution. Additional example security and IT provisions may be found in Attachment A for RFP 2044 (https://dss.sd.gov/rfp) with emphasis on items 10, 11, 12, 17 and 33.
What is the revalidation of the state. Is it 5 years for all providers or shorter for certain provider types	The State follows the federal requirements and will have a mix of three year and five year revalidations.
Should we assume the total no. of currently enrolled providers to be 8288 (2539 + 5749)?	There are approximately 13,500 unique NPI for enrolled individuals, facilities, agencies, institutions and pharmacies.
RFP says there are 200 applications submitted each month. Does this take into account new ACA requirements (revalidation minimum every 5 years and enrollment of prescriber only providers). If not, what is the expected volume of applications to be screened each month?	The State provided actual historical application volume for a period of time. It does not account for provider record updates or requirements for all ordering and referring providers to be enrolled. The most recent seven months of data indicate an average of 250 new provider applications per month.
Should the total no. of records for monthly screening be taken as (8288 + 8500)? Given enhanced ACA requirements to capture all owners and directors does the state expect this number to increase? If so can the state provide a revised estimate for monthly screening records?	There are approximately 13,500 unique NPI that would be subject to the monthly screenings. There are approximately another 8,500 records from ownership/managing employee records (updated figures not available) that would be subject to the monthly screening.
A few license boards' data are not commercially available. Will South Dakota Department of Social Services ensure that all of S. Dakota's medical licensing boards supply their licenses to the service provider? Such as, will S. Dakota receive licensing content - for example, the South Dakota Board of Medical and Osteopathic Examiners assess a $20 fee per inquiry. Will DSS facilitate the release of a bulk file or at minimum a discounted access fee?	DSS does not currently have a bulk file of licenses from the various SD licensing boards to share with the vendor.

Current access to PECOS is by several logins by the state - would the state provide access to the login or would the state handle this separately i.e. can we provide the state to directly access this info from our tracking system?	The State would provide login access to the provider.
Does per screening cost refer to a Provider application or to each entity in the application (an application can have one or more licensed entity, organization and affiliated parties)?	The vendor response should clarify whether the screening costs are per provider (i.e. NPI), owner (SSN), etc.
Do we have to breakdown costs for each individual check in the cost proposal or can we specify a total cost for each application screened?	If the vendor's proposal in an inclusive cost for the mandatory services it would be appropriate to note a price in the Mandatory Subtotal and not have line item prices for each mandatory item. The vendor's proposal should note the cost is per application or other determining factor.
Do we have to breakdown costs for each individual check or can we specify total cost for each record screened monthly?	If the vendor's proposal in an inclusive cost for the mandatory services it would be appropriate to note a price in the Mandatory Subtotal and not have line item prices for each mandatory item. The vendor's proposal should note the cost is per record or other determining factor.
Would the state be interested in a fixed cost for a total volume of providers or do they want the cost to be transaction based?	The vendor's proposal should include a transaction based cost as outlined in Section 7.0 The State would consider an optional cost proposal with a not to exceed price.